CLAIMS ONLY

Application Number	Filing Date
10/054179	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1			/					51						
2				/				52						
3				/				53						
4				/				54						
5				/				55						
6				/				56						
7				/				57						
8				/				58						
9			/	/				59						
10				/				60						
11			/	/				61						
12				/				62						
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22				/				72						
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36								86						
37								87						
38								88						
39				/				89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep			6					Total Indep						
Total Depend			24					Total Depend						
Total Claims			30					Total Claims						